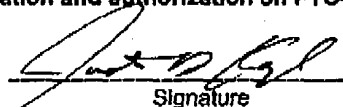


PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0851-0031  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>CL000728</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">In re Application of</td> <td colspan="2">VENTER et al.</td> </tr> <tr> <td>Application Number</td> <td>09/614,150</td> <td>Filed July 11, 2000</td> </tr> <tr> <td>For</td> <td colspan="2">DETECTION KITS, SUCH AS NUCLEIC ACID ARRAYS, FOR DETECTING THE EXPRESSION OF 10,000 OR MORE...</td> </tr> <tr> <td>Group Art Unit</td> <td>1634</td> <td>Examiner D. Johannsen</td> </tr> </table>			In re Application of	VENTER et al.		Application Number	09/614,150	Filed July 11, 2000	For	DETECTION KITS, SUCH AS NUCLEIC ACID ARRAYS, FOR DETECTING THE EXPRESSION OF 10,000 OR MORE...		Group Art Unit	1634	Examiner D. Johannsen			
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Group Art Unit	1634	Examiner D. Johannsen															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$110 Fee Code 115</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$420 Fee Code 116</td> <td>\$ <u>420.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$930 Fee Code 117</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1450 Fee Code 118</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$1970 Fee Code 128</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0970</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110 Fee Code 115	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420 Fee Code 116	\$ <u>420.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$930 Fee Code 117	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1450 Fee Code 118	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$1970 Fee Code 128	\$ _____
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<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>																	
<u>July 26, 2004</u> Date	 Signature Justin D. Karjala, Reg. No. 43,704 _____ Typed or printed name																
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>																	
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>																	

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.